PTO/SB/06 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 018,005 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE FOR BASIC FEE ΩR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = x s (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR x £ minus 3 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 5 TOTAL TOTAL OR * If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY (Calumn 2) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDL TIONAL PREVIOUSLY **EXTRA** TIONAL **AFTER** ENDMENT FEE FEE AMENDMENT PAID FOR 48 Total જ X S OR GT CFR LIKE X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL QR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS RATE PRESENT ADDI-8 RATE ADDI-REMAINING NUMBER TIONAL TIONAL **EXTRA** AFTER AMENDMENT ENT PREVIOUSLY FEE FEE PAID FOR Total (27 CFR 1.19(4)) Minus X S OR X S Independent (I7 CFR 1.157b2) Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d)) OR + • TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-TIONAL O PRESENT RATE RATE ADDI-REMAINING NUMBER TIONAL PREVIOUSLY AFTER FEE PAID FOR FEE AMENDMENT Minus Total ENDM X S OR (37 CFR 1.18(c)) Minus Extependerá (37 OFR 1.18(b)) OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR + 4 TOTAL TOTAL ADD'L FEE OR ADD'L FEE

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to taste 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.